

New Inpatient Building Community-Based Health Initiative Request for Proposals

Table of Contents

Background	2
Request for Proposals (RFP) Process Overview	2
RFP Core Principles	3
RFP Priority Areas for Funding	3
Eligibility.....	3
Focus Populations	4
Funding Tracks	4
Table 1: Funding tracks.....	4
Priority Area 1: Housing Affordability	5
Table 2: Housing Affordability Strategies	6
Priority Area 2: Jobs and Financial Security	6
Evidence-based Strategies: Jobs and Financial Security.....	7
Table 3: Jobs and Financial Security Strategies	7
Priority Area 3: Behavioral Health	8
Evidence-based Strategies: Behavioral Health.....	8
Table 4: Behavioral Health Strategies	9
RFP Timeline	10
Table 5: RFP Timeline	10
Capacity Building and Evaluation.....	10
Funding Guidelines and Budget.....	12
Reporting	12
Contact Information	12
Letter of Intent (LOI) Instructions and Application Information.....	12
LOI Application Components.....	13
Appendix A: Community-based Health Initiative Background.....	18
Appendix B: RFP Causal Pathway.....	19
Appendix C: Letter of Intent (LOI) Scoring Criteria	20
Appendix D: Full Proposal Instructions and Application Information.....	21
Full Proposal Components.....	21
Appendix E: Full Proposal Scoring Criteria.....	24
Appendix F: Roadmap Worksheet – Full Proposals	26

Background

Over the next six years, Beth Israel Deaconess Medical Center (BIDMC) will invest approximately \$18 million through its Community-based Health Initiative as part of the construction of BIDMC's new inpatient building. After a robust and transparent community engagement effort that drew upon information collected from community meetings and BIDMC's active participation in the Boston Community Health Needs Assessment (CHNA) – Community Health Improvement Plan (CHIP) Collaborative and North Suffolk Integrated Community Health Needs Assessment (iCHNA), BIDMC's [Community Advisory Committee](#) identified four health priority areas to invest in:

- Housing Affordability
- Jobs and Financial Security
- Behavioral Health
- Healthy Neighborhoods¹

The selected priority areas intentionally align closely with the Boston CHNA-CHIP Collaborative's CHIP. BIDMC recommends reviewing the [Boston CHNA-CHIP Collaborative CHIP](#) before reviewing this document as the CHIP helped inform this effort. BIDMC's Community Benefits Advisory Committee (CBAC) believes the selected health priority areas remain relevant and imperative in addressing inequities exacerbated by the COVID-19 pandemic.

See **Appendix A** for the categorical allocation of funds and further background information. Additional information about BIDMC and the Community-based Health Initiative is available on BIDMC's [website](#).

Request for Proposals (RFP) Process Overview

BIDMC is launching a Community-based Health Initiative Request for Proposals (RFP) to fund the implementation of evidence-based and/or evidence-informed strategies in the areas of Housing Affordability, Jobs and Financial Security, and Behavioral Health. BIDMC recognizes that this RFP is launching in the midst of the COVID-19 pandemic that has greatly impacted the communities it serves. Furthermore, the effects of COVID-19 have exacerbated existing racial inequities.

This RFP focuses on addressing upstream social determinants of health by funding programs and initiatives that lead to more equitable and healthy communities. BIDMC recognizes the need for intentional policy and systems change aimed at increasing health and racial equity and will apply this lens when evaluating proposals.

This RFP is a two-step process:

Step 1: Submit a Letter of Intent (LOI) (see page 12 for application details)

Step 2: (By invitation only) Submit a full proposal (see page 21 for application details)

Throughout this document, we reference **LOI applicants** to indicate those planning to submit an application for the LOI phase and **full proposal applicants** to indicate those LOI applicants invited back to submit a full proposal. **Grantees** are those full proposal applicants that are selected to receive funding.

¹ Please note: the Healthy Neighborhoods priority area will be funded through a separate process not included in this Request for Proposals.

RFP Core Principles

The core principles guiding this Community-based Health Initiative RFP are:

IMPACT: Support evidence-based and evidence-informed strategies and programs that positively and meaningfully impact neighborhoods and populations in Boston that face the greatest health inequities.

COMMUNITY: Build community cohesion and capacity by actively engaging with community residents and other stakeholders, including historically underserved or underrepresented populations.

HEALTH AND RACIAL EQUITY: Use a health and racial equity lens to dismantle systems of oppression and work towards the systemic, fair and just treatment of people of all races, ethnicities, and communities so that all people are able to achieve their full health and overall potential.

SUSTAINABILITY: Encourage sustained program impact through strategies that may include: leveraging funding to continue program activities, strengthening organizational and community capacity, and forming innovative partnerships and/or cross-sector collaborations.

MOVING UPSTREAM: Address the fundamental causes, or upstream factors, of poor health and racial inequities. To learn more about the term “upstream,” click [here](#).

RFP Priority Areas for Funding

This RFP will award **up to \$6.55 million** over three years to organizations that will implement evidence-based and/or evidence-informed strategies in the areas of:

- Housing Affordability
- Jobs and Financial Security
- Behavioral Health

BIDMC recognizes that these priority areas are interconnected and has structured the RFP to allow for proposals across multiple priority areas.

Eligibility

To be eligible to apply for the RFP, organizations must be tax-exempt (organization with 501 (C) 3 status) or a public agency. Eligible institutions may include community-based organizations, community health centers, schools, coalitions, and city agencies. In addition, organizations must currently serve individuals in or across one or more of the following neighborhoods in Boston that have been specifically identified as high priority neighborhoods for this RFP:

- Allston/Brighton
- Bowdoin/Geneva
- Chinatown
- Fenway/Kenmore
- Mission Hill
- Roxbury

Lead organizations must have a strong history of working in one or more of the neighborhoods listed above.

Focus Populations

The focus populations for this RFP, determined based on BIDMC’s most recent [Community Health Needs Assessment](#) and discussions with the Community Advisory Committee, are:

- Youth and adolescents
- Older adults
- Low-resource individuals and families
- Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals
- Racially and ethnically diverse population
- Families and individuals affected by incarceration and/or violence

Funding Tracks

There are three funding tracks available in this RFP. Track 1 (Cross-sector partnerships for systems change) grants will fund ambitious, cross-sector projects conducted by two or more organizations that have intentionally decided to partner to achieve systems-level impact. Track 2 (Focused investment) grants will fund one or more organizations to conduct projects in one specific priority area. Track 3 (Capacity building seed funding) grants will fund smaller-scale projects conducted by local organizations wishing to build their implementation and evaluation capacity. Track 3 grantees may wish to expand an existing program, pilot a new program, and/or build infrastructure to support future evidence-based programs.

Table 1: Funding tracks

Track	Max. funding per track	Max. funding amount per grantee (over 3 years)	Approx. # of grants	Description / requirements
Track 1: Cross-sector partnerships for systems change	\$2M	\$1M	2	<ul style="list-style-type: none"> • Select <u>two or more</u> priority areas (e.g., housing affordability and behavioral health) • Select <u>up to three</u> strategic focus areas for each priority area (e.g., down payment assistance and foreclosure prevention in the housing affordability priority area) • Partner with at least one other organization (one organization designated as lead)
Track 2: Focused investment	\$4M	\$500K	8	<ul style="list-style-type: none"> • Select one <u>primary</u> priority area (may indicate additional priority areas but not required) • Select <u>two or more</u> strategic focus areas for the primary priority area (e.g., down payment assistance and foreclosure prevention) • Partnerships encouraged but not required
Track 3: Capacity building seed funding	\$600K	\$100K	6	<ul style="list-style-type: none"> • Select <u>only one</u> priority area and <u>only one</u> strategic focus area • Partnerships allowed but not required

Priority Area 1: Housing Affordability

The goals of the housing affordability priority area are to reduce homelessness, reduce displacement, and increase home ownership by low-income individuals and families by investing in the strategic focus areas of (i) homelessness, (ii) home ownership, and (iii) rental assistance. BIDMC aims to address the housing continuum, recognizing that people have different types of housing needs. Affordable and stable housing is essential for anyone to realize positive health impacts and educational gains. Research shows that people experiencing housing instability often forego medical needs, experience higher rates of Emergency Department use, and are often forced to miss school and other educational opportunities.^{2,3,4} Stable and affordable housing is also related to economic mobility as individuals who are evicted are more likely to lose their jobs.⁵

Research also draws links between the racial wealth gap and housing injustice.⁶ Massachusetts has a long history of segregation in housing policies that have led to high levels of racial, ethnic, and economic inequities. Historic housing policies like exclusionary zoning and discriminatory mortgage lending disproportionately disadvantaged Black and Latino communities and homeowners. While there has been some effort toward integration, Boston still ranks 15th in terms of segregation among the 51 large metro areas nationally with significant Black populations.⁷

The need for housing assistance has increased dramatically in light of the COVID-19 pandemic. An analysis by the Metropolitan Area Planning Council as of May 2, 2020 estimated that almost 14,000 households in Boston would require housing assistance after supplemental funding provided by the federal government ends.⁸

Evidence-based Strategies: Housing Affordability

Table 2 below indicates the evidence-based and/or evidence-informed strategies selected for the housing affordability priority area. LOI applicants will be required to select strategic focus area(s) and a related strategy or strategies from this list as part of the application process.

² Mary K. Cunningham, Robin Harwood, and Sam Hall, "Residential Instability and the McKinney-Vento Homeless Children and Education Program: What We Know, Plus Gaps in Research," Urban Institute (2010).

³ "Housing Instability," Office of Disease Prevention and Health Promotion, last modified October 30, 2019, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/housing-instability>.

⁴ Margot B. Kushel et al., "Housing instability and food insecurity as barriers to health care among low-income Americans," *Journal of General Internal Medicine*, 21 no. 1 (2006): 71-77, doi.org/10.1111/j.1525-1497.2005.00278.x.

⁵ Matthew Desmond and Carl Gershenson, "Housing and Employment Insecurity among the Working Poor," *Social Problems*, 63 no. 1 (February 2016): Pages 46–67, <https://doi.org/10.1093/socpro/spv025>.

⁶ Justin Gomer, "Housing and the Racial Wealth Gap: A Historical Overview," *KCET*, September 4, 2018, <https://www.kcet.org/shows/city-rising/housing-and-the-racial-wealth-gap-a-historical-overview>.

⁷ Alicia Sasser Modestino et al., "The Greater Boston Housing Report Card 2019: Supply, Demand and the Challenge of Local Control," *The Boston Foundation* (June 2019).

⁸ Metropolitan Area Planning Council. <https://www.mapc.org/planning101/covid-19-layoff-housing-assistance-now-by-municipality/>. (June 2020)

Table 2: Housing Affordability Strategies

Strategic Focus Area	Evidence-based or Evidence-informed Strategy	Description
Homelessness	Housing First	Providing housing to the chronically homeless with appropriate levels of services.
	Supportive Services for People Experiencing Homelessness	Engaging homeless individuals with traumatic experiences in a manner that recognizes the presence of symptoms of trauma and leads to healing centered practices.
	Drive Public Policies to Prevent or Reduce Homelessness	Providing support to coalitions driving city and state-wide policies that prevent homelessness.
Home Ownership	Down Payment Assistance and Home Ownership Education	Providing low-income first-time home buyers with down payment assistance in the form of loans or capital and education about buying a first home.
	Zero and/or Low Interest Home Loans	Supporting Housing Trust and/or Equity Funds that assist racially and ethnically diverse low income homebuyers and non-profit housing developers.
	Foreclosure Prevention	Providing low-income homeowners with assistance to prevent foreclosures in neighborhoods affected by gentrification and displacement.
Rental Assistance	Flexible Financial Assistance	Providing funds to individuals to assist in maintaining housing stability and/or to attain stable affordable housing (e.g., first and last month's rent).
	Eviction Prevention	Intervening in eviction processes and supporting renters by increasing access to legal services and eviction prevention programs.

Priority Area 2: Jobs and Financial Security

The goals of the jobs and financial security priority area are to increase employment and earnings and increase financial security by focusing on (i) education and workforce development, (ii) creating employment opportunities, and (iii) income/financial supports aimed at enhancing economic security and wealth accumulation.

Jobs and financial security are closely tied to stable housing, overall health and the ability to afford and access health care. Being in poor health is associated with increased risk of job loss, and there is strong evidence of an association between unemployment and poorer health outcomes. Examples of negative health outcomes associated with unemployment include increases in depression, anxiety, mixed symptoms of distress, and low self-esteem.⁹

Wealth also plays a role in enabling families to manage current financial challenges and make investments in their future. Families that have accumulated some wealth are better equipped to manage unanticipated

⁹ Larisa Antonisse and Rachel Garfield, "The Relationship Between Work and Health: Findings from a Literature Review," August 7, 2018, <https://www.kff.org/medicaid/issue-brief/the-relationship-between-work-and-health-findings-from-a-literature-review/>.

expenses like an emergency medical bill or disruptions in household income without accumulating debt, exhausting assets and becoming impoverished. Over the longer term, wealth can improve the prospects of the next generation, helping to pay for college, providing a down payment for a home, or starting a new business.¹⁰ The COVID-19 pandemic has led to large increases in unemployment and loss of financial security. For instance, as of May 30, 2020, employment rates among low-income workers decreased by 48.4% compared to January 2020.¹¹

Evidence-based Strategies: Jobs and Financial Security

Table 3 below indicates the evidence-based and/or evidence-informed strategies selected for the jobs and financial security priority area. LOI applicants are required to select strategic focus area(s) and a related strategy or strategies from this list as part of the application process.

Table 3: Jobs and Financial Security Strategies

Strategic Focus Area	Evidence-based or Evidence-informed Strategy	Description
Education/Workforce Development	Adult Vocational Training	Programs that support acquisition of job-specific and soft skills/job readiness skills through education and certification programs.
	Sector-based Workforce Initiatives	Industry-focused education and job training based on the needs of regional employers within specific industry sectors.
	Youth Employment Programs	Providing short-term or long-term jobs for youth, usually 14-24 years old (e.g., summer or year-long youth employment programs).
	Labor/Workforce Exchange	Providing career guidance and navigation support to individuals who would like to or need to switch careers (e.g., one-stop career centers).
Employment Opportunities	Transitional Jobs Programs	Time-limited, subsidized, paid jobs intended to provide a bridge to unsubsidized employment.
	Providing Flexible Access to Capital for Small Businesses	Providing low-interest loans or small grants to minority and women-owned small businesses to create new job opportunities.
Income/Financial Supports	Enhancing Economic Security and Wealth Accumulation	Providing resources and support to individuals aimed at increasing economic security and wealth accumulation (e.g., financial coaching, savings vehicles, etc.).

¹⁰ Amy Traub et al., “The Asset Value of Whiteness: Understanding the Racial Wealth Gap,” 2017, <https://heller.brandeis.edu/iasp/pdfs/racial-wealth-equity/racial-wealth-gap/asset-value-whiteness.pdf>.

¹¹ Opportunity Insights Economic Tracker. <https://tracktherecovery.org/>. Accessed 7/1/20.

Priority Area 3: Behavioral Health

The goal of the behavioral health priority area is to increase access to high-quality and culturally and linguistically appropriate mental health and substance use services by (i) building provider and community capacity to provide trauma-informed and culturally and linguistically appropriate behavioral health care and (ii) reducing stigma surrounding mental health and substance use.

Individuals with behavioral health problems face several barriers that impact their quality of life. Mental health disorders are linked to poor social, cultural, and economic outcomes.¹² Individuals who are facing behavioral health problems can have about 5% higher workplace absence rates than someone who does not have a mental health illness. Additionally, individuals who struggle with behavioral health are six times as likely to have decreased productivity compared to their colleagues who do not have behavioral health problems.¹³ Absenteeism and decreased productivity may lead to job loss, negatively impacting employment and their ability to earn a living. In turn, individuals who face behavioral health problems are at higher risk of becoming homeless. A study published by the US Department of Housing and Urban Development found that about 45% of homeless individuals suffer from some form of mental illness, with 25% of people being severely mentally ill.¹⁴ Poor behavioral health can influence various aspects of an individual's life, decreasing their overall quality of life.

The COVID-19 pandemic is likely to contribute to greater needs in the area of behavioral health due to job loss, food insecurity, housing instability, and other factors. An April 2020 poll found that 45% of adults in the United States reported that their mental health has been negatively impacted due to worry and stress over the virus. COVID-19 has also led to high rates of job loss, which is associated with increased depression, anxiety, distress, and low self-esteem; and may lead to higher rates of substance use disorder.¹⁵ Furthermore, the COVID-19 pandemic highlights existing barriers to mental health treatment for people of color, such as lower access to needed treatment, premature termination of treatment, and less culturally responsive care.¹⁶

Evidence-based Strategies: Behavioral Health

Table 4 indicates the evidence-based and/or evidence-informed strategies selected for this RFP in the priority area of behavioral health. LOI applicants are required to select strategic focus area(s) and a related strategy or strategies from this list as part of the application process.

¹² "Mental Health Action Plan 2013-2020," World Health Organization, 2013, https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf;jsessionid=A487281A01A09423E619A730F8F55830?sequence=1.

¹³ Melisa Bubonya, Deborah A. Cobb-Clark, Mark Wooden, "Mental Health and Productivity at Work: Does What You Do Matter," *Labour Economics* 46 (June 2017): 150-165, <https://doi.org/10.1016/j.labeco.2017.05.001>.

¹⁴ Peter Tarr, Ph.D., "Homelessness and Mental Illness: A Challenge to Our Society," Brain and Behavior Research Foundation, November 19, 2018, <https://www.bbrfoundation.org/blog/homelessness-and-mental-illness-challenge-our-society>.

¹⁵ Panchal et al. The Implications of COVID-19 for Mental Health and Substance Use – Issue Brief – 9440. Kaiser Family Foundation, April 21 2020.

¹⁶ SAMHSA. Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S. <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>

Table 4: Behavioral Health Strategies

Strategic Focus Area	Evidence-based or Evidence-informed Strategy	Description
Mental Health and Substance Use	Building Provider Capacity	<p>Initiatives that increase and strengthen the workforce for behavioral health care.</p> <p>Strategies for building behavioral health provider capacity include:</p> <ol style="list-style-type: none"> 1. <i>Supporting providers in utilizing Medication-Assisted Treatment (MAT)</i>, which is the combination of medication and behavioral therapy to reduce substance use; 2. <i>Telehealth</i> which involves leveraging technology to interact with medical professionals; and 3. <i>Primary care integration</i>, which involves screening patients for behavioral health problems and referring them to a behavioral health provider who is co-located (or vice versa, a behavioral health provider referring to a primary care provider who is co-located).
Mental Health and Substance Use	Building Community Capacity to Provide Behavioral Health Services	<p>Initiatives that increase and strengthen the community’s capacity to bring behavioral health interventions into the community as a supplement to clinical programming. BIDMC has identified five innovative and evidence-based strategies for building community capacity to provide behavioral health services:</p> <ol style="list-style-type: none"> 1. <i>Community health workers</i> who have extensive knowledge on a community to connect individuals with behavioral health problems to care and resources; 2. <i>School-based mental health centers</i> which bring behavioral health services to schools; 3. <i>Mental Health First Aid</i>, a program that increases community members’ knowledge on behavioral health issues and how to address them in a crisis; 4. <i>Peer-to-peer programs</i> which connect individuals with mentors from a similar background who previously faced a behavioral health problem; and 5. <i>Community-based interventions</i> that bring behavioral health conversations and care into community settings that people frequent (e.g., barbershops, faith-based organizations, libraries, etc.).
Mental Health and Substance Use	Increasing Education on Behavioral Health to Reduce Stigma	<p>Increasing the communities’ knowledge about behavioral health to reduce stigma and increase utilization of appropriate behavioral health care. BIDMC has identified two innovative and evidence-based strategies to increase education on behavioral health to reduce stigma:</p> <ol style="list-style-type: none"> 1. <i>Education and Community Dialogue on Behavioral Health to Reduce Stigma</i>; and 2. <i>Increasing education to reduce stigma</i> related to use of Medication-Assisted Treatment (MAT).

RFP Timeline

Key RFP milestones are included in Table 5 below:

Table 5: RFP Timeline

Date(s)	Action
August 3, 2020	RFP released online
August 10, 2020	Virtual information session (optional). BIDMC staff will describe the RFP and address questions about the application process.
August 28, 2020	Letter of Intent (LOI) submission deadline
September 21, 2020	LOI applicants notified of invitation to submit full proposal
September 30, 2020 (Tracks 1 and 2) October 1, 2020 (Track 3)	Evaluation information session for LOI applicants invited to submit full proposal to review RFP evaluation requirements and address questions.
October 19, 2020	Full proposal due (invitation only)
No later than December 4, 2020	Full proposal applicants notified of grant decisions
Early December 2020	Grantee convening
January 1, 2021	Three-year grant term begins
February 2021	Establish core set of shared evaluation measures for all grantees

Capacity Building and Evaluation

For full proposal applicants applying to the RFP (all funding tracks):

BIDMC is committed to building the capacity of local organizations to participate in and conduct monitoring and evaluation activities. BIDMC is working with an external evaluator, Health Resources in Action (HRIA). HRIA will conduct capacity building activities as part of this RFP. HRIA will be hosting evaluation workshops during the application process to review RFP evaluation requirements with those applicants invited to submit full proposals.

Applicants invited to submit a full proposal will upload a road map (using the provided template, available as **Appendix F**) that aligns with the applicant’s description of their project’s theory of change. A theory of change outlines the activities that will bring about change and the expected results (See **Appendix B** for BIDMC’s visual theory of change).

Full proposal applicants should include evaluation resources, if applicable, in the proposed budget, such as data collection tools and data entry/data management personnel. Please see instructions in the Funding Guidelines and Budget section below.

All grantees will work closely with HRIA. The external evaluator will:

- Conduct an overarching evaluation of the entire initiative to demonstrate collective impact of funds
- Collaborate with each grantee to develop and implement their individual evaluation plan and ensure alignment with the overarching evaluation
- Provide evaluation capacity building for grantees via an evaluation learning collaborative

For organizations selected to receive funding through Track 1 or Track 2 (grantees):

Grantees will be required to complete a monitoring and evaluation capacity assessment administered by HRiA to tailor evaluation capacity building services to meet grantee needs. Grantees will participate in a six-month planning process to help set grantees up for success, facilitate evaluation planning, and alignment of goals and metrics across grantees.

Full proposal applicants to Tracks 1 or 2 should plan to designate sufficient staff time for evaluation, including identifying a contact for data management and tracking (the grantee evaluation contact) who will serve as the key liaison with the external evaluator. The grantee evaluation contact and project lead will: a) participate virtually in individual, one-hour evaluation check-in meetings that occur monthly during the first six months, bi-monthly during the second six months, and quarterly thereafter (17 sessions total across three years) b) participate in bi-monthly one-hour evaluation learning collaborative conference calls or webinars (6 sessions per year), and c) attend half-day learning collaborative sessions bi-annually (virtually or in-person in the Boston area) (2 sessions per year).

For the evaluation, grantees will:

- Collaborate with HRiA in both evaluating their own project and the larger overarching evaluation of the funding as a whole (e.g., collecting and reporting individual-level participant data, participating in staff interviews, organizing participant focus groups, etc.)
- Incorporate a core set of shared evaluation measures (i.e., How will we know we are successful?) that will be established by the cohort of grantees in February 2021.

For organizations selected to receive funding through Track 3 (grantees):

Track 3 grantees will be engaged in a conversation with HRiA to assess their monitoring and evaluation capacity to tailor evaluation capacity building services to meet grantee needs. Grantees will participate in a one-year planning process to help set grantees up for success, facilitate evaluation planning, and alignment of goals and metrics across grantees.

For the evaluation, grantees will:

- Collaborate with HRiA to develop and implement their individual evaluation plan and ensure alignment with the overarching evaluation. This could include but is not limited to participating in staff surveys, interviews and/or focus groups.
- Incorporate a core set of shared evaluation measures (i.e., How will we know we are successful?) that will be established by the cohort of grantees in February 2021. Track 3 grantees will focus on process measures (e.g., did you reach your intended audience?) rather than impact measures.

Full proposal applicants to Track 3 should plan to designate sufficient staff time for evaluation, including identifying a contact for supporting evaluation activities (the grantee evaluation contact) who will serve as the key liaison with the external evaluator. The grantee evaluation contact will participate in individual,

one-hour evaluation check-in meetings that occur monthly during the first six months, bi-monthly during the second six months, and quarterly thereafter (17 sessions total across three years). Track 3 grantees are also welcome to participate in the evaluation learning collaborative described above for Tracks 1 and 2 grantees; however, participation is optional (8 sessions per year).

Funding Guidelines and Budget

Grant funds may be used for project staff salaries, data collection and analysis, meetings, supplies, related travel, and other direct project-related expenses. Indirect expenses may not exceed 10% of the total budget. Grant funds may not be used to provide medical services, to support clinical trials, to construct or renovate facilities or capital expenses, or as a substitute for funds currently being used to support similar activities.

Full proposal applicants will be asked to identify the staff member responsible for data management and other evaluation-related activities (the grantee evaluation contact). Please ensure that there is time in the budget allotted for regular communication with the external evaluator (e.g., e-mail, calls, etc.) and participation in approximately 12 hours of evaluation capacity building activities per year. Please include travel expenses for bi-annual in-person evaluation collaborative meetings.

While BIDMC will provide an external evaluator, full proposal applicants should include additional evaluation expenses in the proposed budget to accommodate on-site evaluation activities, such as systems implementation for data collection. Include costs for project evaluation activities, such as use of evaluation consultants, data collection tools, and other costs for evaluation. BIDMC recommends that evaluation expenses total approximately 10% of an applicant's budget (in addition to evaluation services provided by BIDMC).

Reporting

Grantees will be required to report on project progress regularly through multiple avenues, such as in-person site visits, scheduled phone calls, and annual reports. A written progress report after the six-month planning period will also be required. BIDMC, the external evaluator, and grantees will determine shared goals, metrics, and reporting timelines that are feasible and realistic. Track 1 and 2 grantees will also be required to submit individual-level participant data on a quarterly basis to the independent evaluator. Track 3 grantees will be required to submit progress measures twice per year to the independent evaluator.

Contact Information

Interested applicants are encouraged to attend a virtual information session on August 10, 2020 at 10 am. Responses to Frequently Asked Questions will be posted to BIDMC's website and a recording of the webinar will be posted by August 14, 2020. For additional questions, contact the BIDMC Community Benefits Team at NIBCHI@bidmc.harvard.edu. BIDMC will make every effort to respond to emails within two business days.

Letter of Intent (LOI) Instructions and Application Information

The deadline to submit a Letter of Intent (LOI) is **Friday, August 28, 2020 by 5:00 pm Eastern Time**. All LOIs must be submitted online through BIDMC's online platform, [Submittable](#).

LOI Application Components

- 1) **Organization Overview:** Please provide a brief overview of the lead organization, including its mission and the primary needs the organization addresses. (150 words maximum)
 - a. Please specifically address how your organization's leadership (Board of Directors, senior management) reflects the lived experience of the communities it serves. This may include but is not limited to: race, culture, ethnicity, disability status, religious and spiritual beliefs, gender identity, sexual orientation, and generational identity (150 words maximum).
- 2) **Project Lead:** Primary contact person for this application (Name, pronouns, and contact information)
- 3) **Select the Funding Track Your Organization Is Applying to:**
 - a. Track 1: Cross-sector partnerships for systems change
 - Organizations are required to select two or more priority areas.
 - Organizations may select up to three strategic focus areas for each priority area.
 - Organizations are required to partner with at least one other organization.
 - b. Track 2: Focused investment
 - Organizations are required to select only one primary priority area but may select additional priority areas if desired.
 - Organizations are required to select two strategic focus areas for the primary priority area.
 - Organizations are encouraged to partner with at least one other organization but this is not required.
 - c. Track 3: Capacity building seed funding
 - Organizations may only select one priority area.
 - Organizations may only select one strategic focus area.
 - Organizations may list partners but this is optional.
- 4) **RFP Priority Areas:**

The RFP priority areas align with the Boston CHNA-CHIP Collaborative CHIP. Please refer to [the CHIP](#) as a guiding document as you complete the LOI.

 - a. Housing Affordability
 - b. Jobs and Financial Security
 - c. Behavioral Health

Track 1 Applicants: Select 2 or more priority areas from the list above.

Track 2 Applicants: Select 1 primary priority area from the list above. Select additional priority areas from the list above if your project addresses them (optional).

Track 3 Applicants: Select 1 priority area from the list above.

5) **Strategic Focus Areas:**

Priority Area a	Strategic Focus Area	Priority Area b	Strategic Focus Area	Priority Area c	Strategic Focus Area
Housing Affordability	Homelessness	Jobs and Financial Security	Education / Workforce Development	Behavioral Health	Mental Health and Substance Use
	Home Ownership		Employment Opportunities		
	Rental Assistance		Income / Financial Supports		

Refer to the health priority or priorities selected in question 4. Select the strategic focus areas according to your track.

Track 1 Applicants: Select all strategic focus areas that apply for each health priority you selected in response to question 4.

Track 2 Applicants: Select two (2) or more strategic focus areas for the primary health priority you selected in response to question 4.

Track 3 Applicants: Select one (1) strategic focus area for the health priority you selected in response to question 4.

6) **Evidence-Based / Evidence-Informed Strategies:**

Select the evidence-based or evidence-informed strategies the project will use, depending on the priority area(s) and strategic focus area(s) selected in questions 4 and 5. You may select multiple evidence-based strategies.

Priority Area	Strategic Focus Area	Evidence-based / Evidence-informed Strategy
Housing Affordability	Homelessness	<ul style="list-style-type: none"> • Housing First • Supportive Services for People Experiencing Homelessness • Drive Public Policies to Prevent or Reduce Homelessness
	Home Ownership	<ul style="list-style-type: none"> • Down Payment Assistance and Home Ownership Education • Zero and/or Low Interest Home Loans • Foreclosure Prevention
	Rental Assistance	<ul style="list-style-type: none"> • Flexible Financial Assistance • Eviction Prevention
Jobs and Financial	Education / Workforce	<ul style="list-style-type: none"> • Adult Vocational Training

Security	Development	<ul style="list-style-type: none"> • Sector-based Workforce Initiatives • Youth Employment Programs • Labor/Workforce Exchange
	Employment Opportunities	<ul style="list-style-type: none"> • Transitional Jobs Programs • Providing Flexible Access to Capital for Small Businesses
	Income / Financial Supports	<ul style="list-style-type: none"> • Enhancing Economic Security and Wealth Accumulation (e.g., financial coaching, savings vehicles, etc.)
Behavioral Health	Mental Health and Substance Use	<ul style="list-style-type: none"> • Building Provider Capacity • Building Community Capacity to Provide Behavioral Health Services • Increasing Education on Behavioral Health to Reduce Stigma <p>Note: See strategy descriptions in Table 4 for examples of programs in each of these categories.</p>

- 7) **Primary and Secondary Outcomes:** BIDMC has identified anticipated funding outcomes for each of the priority areas that this RFP is meant to address. Select the primary outcome the project will address (choose one for each priority area). Then select any secondary outcomes the project will address, as appropriate (choose all that apply).

Note: Track 1 and 2 grantees are expected to demonstrate achievement of these funding outcomes by the end of grant period. Track 3 grantees are expected to demonstrate progress towards these funding outcomes by the end of the grant period.

Priority Area	Anticipated Funding Outcome(s)
Housing Affordability	Reduced homelessness among individuals who receive services
	Reduced displacement among individuals who receive funds and/or services
	Increased home ownership by low-income individuals and families
Jobs and Financial Security	Increased employment and earnings
	Increased financial security (e.g. ability to meet basic needs, creating a budget, savings, etc.)
Behavioral Health	Increased access to high quality, culturally and linguistically appropriate mental health and substance use services

- 8) **Project Goals:**
- What will the impact of this work be at the end of this funding (i.e., What will success look like?)?

- b. How will your organization measure that impact (i.e., How will your organization know that it has been successful?)?

9) **Populations Served:** Identify which of the population(s) below the project will serve (check all that apply):

- a. Youth and Adolescents
- b. Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Population
- c. Older Adults
- d. Low Resource Individuals and Families
- e. Racially and Ethnically Diverse Population (Note: there will be space to add additional descriptions/details for each of the below options).
 - Asian
 - Black/African-American
 - Hispanic/Latino
 - Two or More Races
 - White
 - American Indian, Alaska Native, Native Hawaiian, and Other Pacific Islander
 - Other (please list)
- f. Limited or Non-English Speakers
- g. Individuals and Families Affected by Incarceration and/or Violence

Please briefly describe examples of the work the organization has done serving the selected populations, including any current partnerships with organizations serving those population(s). (100 words maximum)

10) **Neighborhoods Served:** Identify the neighborhood(s) the project will serve (check all that apply):

- a. Allston/Brighton
- b. Bowdoin/Geneva
- c. Chinatown
- d. Fenway/Kenmore
- e. Mission Hill
- f. Roxbury

Please briefly describe examples of the work the organization has done in the selected neighborhoods, including any current partnerships with organizations located in the neighborhood(s). (100 words maximum)

11) **Project Overview:** Please provide a brief description of the project(s) the organization is seeking to fund (300 words maximum).

12) **Funding Request:** Please provide an estimate of how much funding the organization is requesting. Note: Track 1 applicants may apply for up to \$1 million in funds distributed over 3 years, Track 2 applicants may apply for up to \$500,000 in funds distributed over 3 years, and Track 3 applicants may apply for up to \$100,000 in funds distributed over 3 years.

- a. To better understand the sustainability of the proposed project, please provide a brief description of other funding you plan to leverage for the proposed project, if any (e.g.

grants already received, grants you plan to apply for, operating funds used to support the project, etc.). (50 words maximum)

13) **Partners:**

Track 1 Applicants (Required): List organization(s) that are partnering with your organization to implement the project. Note: Letters of support from the partner organizations will be requested at the full proposal stage.

- Please provide a primary contact name for each organization.
- Briefly describe each organization and relevant experience it will bring. (50 words maximum per organization)
- What role is each organization playing in the project? (50 words maximum per organization)

Track 2 Applicants (Optional But Encouraged): List organization(s) that are partnering with your organization to implement the project. Note: Letters of support from the partner organizations will be requested at the full proposal stage.

- Please provide a primary contact name for each organization.
- Briefly describe each organization and relevant experience it will bring. (50 words maximum per organization)
- What role is each organization playing in the project? (50 words maximum per organization)

Track 3 Applicants (Optional): List the other organization(s) that are partnering with your organization to implement the project. Note: Letters of support will be requested at the full proposal stage.

- Please provide a primary contact name for each organization.
- Briefly describe each organization and relevant experience it will bring. (50 words maximum per organization)
- What role is each organization playing in the project? (50 words maximum per organization)

The scoring criteria that will be used to evaluate LOIs is attached as **Appendix C**.

Appendix A: Community-based Health Initiative Background

In accordance with Commonwealth Determination of Need (DoN) requirements, BIDMC undertook a robust community engagement effort and a facilitated prioritization process with BIDMC’s Community Advisory Committee (Advisory Committee) to identify the leading community health priorities. The prioritization process was preceded by an unprecedented city-wide Community Health Needs Assessment (CHNA) overseen by the Boston CHNA – Community Health Improvement Plan (CHIP) Collaborative (the Boston Collaborative), of which BIDMC is a founding member. The Boston Collaborative conducted 13 focus groups, 45 key informant interviews, and collected 2,404 surveys from Boston residents. At the same time, BIDMC supported a robust effort in Chelsea, Revere, and Winthrop, through the North Suffolk Integrated Community Health Needs Assessment (iCHNA). The iCHNA process engaged over 2,000 North Suffolk residents.

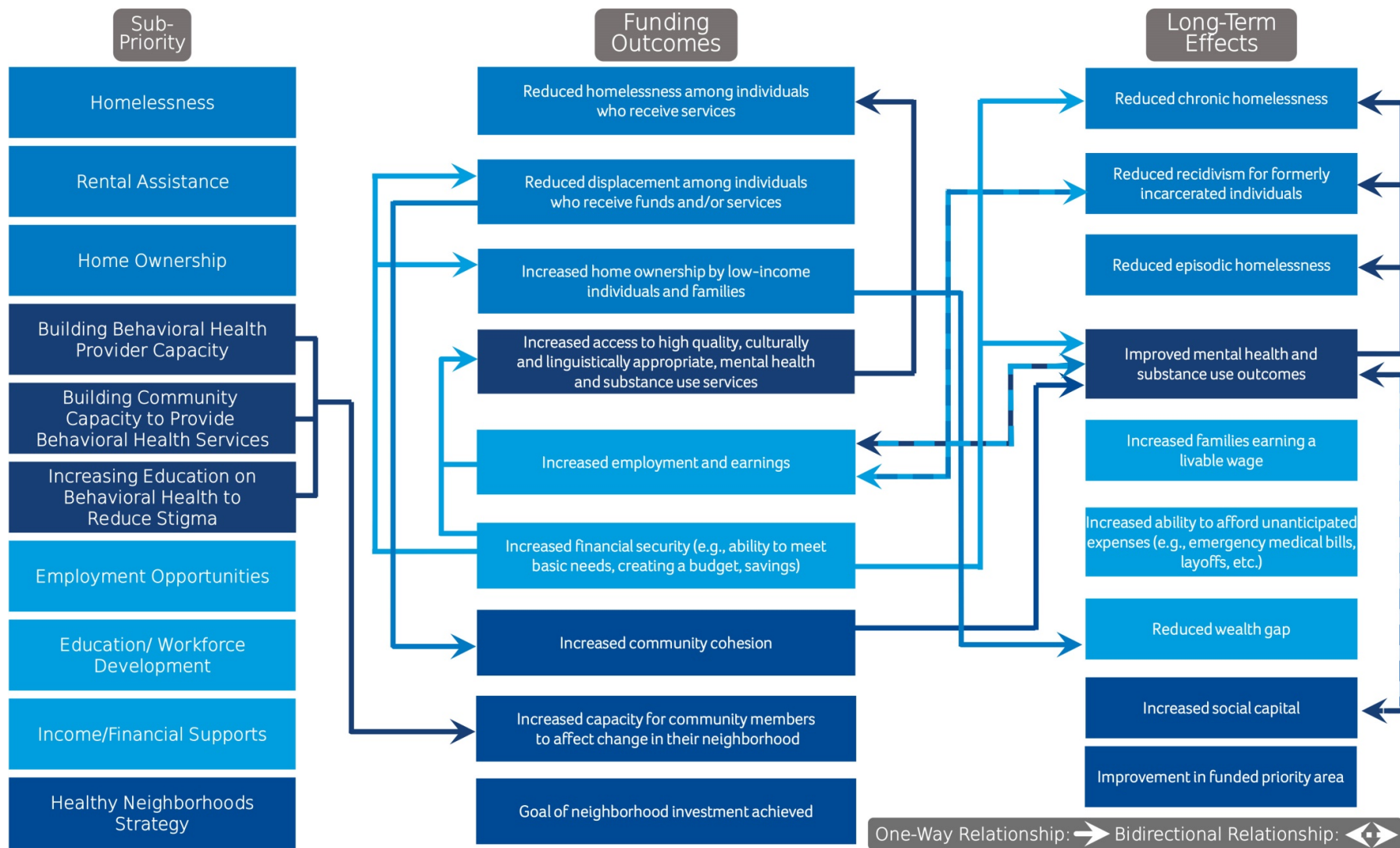
Given BIDMC’s historic focus on and commitment to the underserved, BIDMC chose to concentrate the Community-based Health Initiative (CHI) on the neighborhoods and cohorts that face the greatest health inequities with the BIDMC Community Benefits Service Area. These focus neighborhoods include the six Boston neighborhoods of Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Roxbury, and Mission Hill.

Augmenting the robust community engagement undertaken by the Boston Collaborative and the iCHNA, BIDMC’s Advisory Committee engaged an additional 184 residents at five community meetings. Likewise, since April 2019, all BIDMC Advisory Committee meetings have been open to the public and welcomed oral and written comments from community members. In September 2019, the Advisory Committee determined the CHI’s health priorities and the categorical allocation of funds (Table 1A below).

Table 1A: Approved Advisory Committee Priority Areas and Funding Allocations

Priority area	Percent of CHI & approx. dollar amounts	Strategic focus area and estimated allocations	
Housing Affordability	40% of CHI = \$7.4M	Homelessness	40% = \$2.9M
		Home Ownership	20% = \$1.5M
		Rental Assistance	40% = \$2.9M
Jobs/Financial Security	30% of CHI = \$5.5M	Education/Workforce Development	85% = \$4.7M
		Employment Opportunities	10% = \$553K
		Income/Financial Supports	5% = \$277K
Behavioral Health	15% of CHI = \$2.8M	Mental Health	50% = \$1.4M
		Substance Abuse	50% = \$1.4M
Healthy Neighborhoods	15% of CHI = \$2.8M	Access to Care	Allocation amounts for the Healthy Neighborhoods priority area sub-groups will be determined during neighborhood-specific processes.
		Built Environment	
		Environmental Health	
		Other SDOHs	
		Violence Prevention	

Appendix B: RFP Causal Pathway



Appendix C: Letter of Intent (LOI) Scoring Criteria

As Letters of Intent (LOIs) are scored, reviewers will keep the following core principles in mind:

IMPACT: Support evidence-based and evidence-informed strategies and programs that positively and meaningfully impact neighborhoods and populations in Boston that face the greatest health inequities.

COMMUNITY: Build community cohesion and capacity through actively engaging with community residents and other stakeholders, including under represented populations.

HEALTH AND RACIAL EQUITY: Use a health and racial equity lens to dismantle systems of oppression and work towards the systemic fair and just treatment of people of all races, ethnicities, and communities so that all people are able to achieve their full health and overall potential.

SUSTAINABILITY: Encourage sustained impact of programming through strategies that may include: leveraging funding to continue program activities, strengthening organizational and community capacity, forming innovative partnerships, and/or cross-sector collaboration.

MOVING UPSTREAM: Address the fundamental causes, or upstream factors, of poor health and racial inequities.

LOIs will be scored on a scale of 1 to 5, where 1 = Disagree, 2 = Somewhat Disagree, 3 = Neither Agree Nor Disagree, 4= Somewhat Agree, and 5 = Agree, using the scoring criteria below.

Scoring Criteria:

1. Organizational mission aligns with core principles
2. History of working in priority neighborhood(s)
3. Proposed project is feasible
4. Proposed project meets a demonstrated community need
5. Proposed project is evidence-based or evidence-informed
6. Goals are reasonable and aligned with guiding principles
7. Requested funding is reasonable for proposed activities
8. Partners and/or collaborators listed would increase the impact of the project (if applicable)

Appendix D: Full Proposal Instructions and Application Information

Organizations that submitted an LOI will be notified if they have been invited to submit a full proposal by September 21, 2020. The deadline to submit a full proposal is **Monday, October 19, 2020 by 5:00 pm Eastern Time**. All full proposals must be submitted online through Submittable.

The RFP priority areas align with the Boston CHNA-CHIP Collaborative CHIP. Please refer to [the CHIP](#) as a guiding document as you complete the full proposal. Selected grantees will be encouraged to participate in the Boston CHNA-CHIP Collaborative work groups, as appropriate.

Full Proposal Components

1) Organization Information

- a. *Lead Organization Name*: The lead organization is responsible for ensuring that participating partners meet the terms of the RFP and, if applicable, terms of the grant. This includes, but is not limited to being the primary contact for reporting, implementation, evaluation and managing funds flow.
 - i. Address
- b. *Project Lead* (primary contact person for the application):
 - i. Name, pronouns, email, and phone number
- c. *Organization Mission and Vision*: Please describe the organization's overall mission and strategic priorities and how it aligns with this proposal. (150 words maximum)
- d. *Leadership*: Please list the members of the Board of Directors and senior leadership team.
 - i. What diversity, equity, and inclusion initiatives has the organization recently and historically undertaken to ensure organizational leadership is reflective of the communities served? Please specify actions taken related to racial equity, cultural humility, and language access and the results of those actions to date, including quantitative (numerical) data about the diversity of your organization's leadership. (250 words maximum)
- e. *Upload the Following Documents*:
 - i. Organizational budget for the current year
 - ii. Most recent Internal Revenue Service Form 990
 - iii. Most recent audited financial statement (Tracks 1 and 2 only)

2) Project Description

- a. *Title*: Please provide a one sentence title that reflects the nature of the proposed project.
- b. *Project Context*:
 - i. Describe the need the organization is addressing. (50 words maximum)
 - ii. Describe the specific population(s) on which the project will focus. (50 words maximum)
 - iii. Describe how the project will address key challenges facing these populations. (100 words maximum)

- c. *Goals*: Provide up to three goals per health priority/strategic focus area that aligns with the outcomes in BIDMC's theory of change (see **Appendix B**). All goals should have a racial equity focus/lens. Note that additional metrics will be determined and required in collaboration with the external evaluation team.
 - What will the impact of this work be at the end of this funding (i.e., 3 years)?
 - What will success look like?
 - What are markers for success along the way (e.g., after one year)?
 - How will you know if you are successful? How will you measure success?
 - d. *Project road map*: Upload the road map worksheet (see **Appendix E**) and provide a brief description of the theory of change for the project (i.e., a statement of the activities that will bring about change and the results your project will achieve for the participants and the community (See **Appendix B** for reference).
 - e. *Anticipated Reach*: Please provide an expected range for the number of individuals the organization will reach or impact through the project.
 - f. *Project Staffing*: List the key people who will be involved in project implementation and briefly describe their roles.
- 3) **Equity and Community Engagement**
- a. How does the organization plan to ensure that project resources are deployed towards those that need them the most? (100 words maximum)
 - b. Please discuss how the organization plans to engage with the population(s) with which it will be working. Please specify the level(s) of community engagement the project utilizes based on Table 1 on page 11 in the Massachusetts Department of Public Health [Community Engagement Standards for Community Health Planning](#). (150 words maximum)
 - c. How will the funds be used to address racial inequities exacerbated by COVID-19? (100 words maximum)
- 4) **Partners (if applicable)**
- List all partner organizations that are key to the success of this project. Include the sector they represent (e.g. Workforce development, behavioral health, housing, education, etc.) and a brief description of their involvement in the project. Describe how the collaboration(s) will increase the impact of the project. (250 words maximum)
- Upload a minimum of three (3) signed letters of support from the following:
- An individual who has received services from the organization
 - Each listed project partner (if applicable)
- 5) **Evaluation Capacity and Experience**
- This section is about your organization's/partnership's existing evaluation capacity and experience with evaluation (e.g., data collection, tracking, monitoring, reporting). You may include references to past evaluations, such as recent program evaluations.
- a) Please describe how your organization/partnership collects and uses data (300 words maximum).
 - a. What types of data are currently collected (if any)?
 - b. How does your organization collect data (if applicable)?

- c. How does your organization use these data to inform outcomes and improve programming/initiatives? How does your organization currently measure success?
 - b) Please describe how and where your organization stores data currently. What system(s) does your organization use to manage data (e.g., Excel, Access, RedCAP, Salesforce), if any? (100 words maximum)
 - c) Please describe your organization's experience working with an external evaluator (if any) (100 words maximum).
 - d) Who will be the grantee evaluation contact for this project (150 words maximum)?
 - a. Position title
 - b. Description of current evaluation responsibilities (if any)
 - c. Any relevant evaluation skills, knowledge, and experience (if any)
- 6) **Budget**
 - a. Please upload an itemized project budget and an accompanying budget narrative (up to a ½ page) using the template that will be provided. The budget should include direct costs and indirect costs, including staff time.
- 7) **Sustainability**

BIDMC encourages applicants to think creatively about how the funds from this request can be leveraged with other funding sources to sustain the project long-term.

 - a) Describe how the organization will leverage this funding to support the sustainability of the project(s). (100 words maximum)
 - b) How will this project contribute to improved community health past the initial funding period of 3 years? (100 words maximum)
 - c) Describe any challenges to sustainability the organization anticipates and how the challenges might be addressed. (150 words maximum)
 - d) How has COVID-19 affected your approach to sustainability and/or necessitated changes to your organization such as modifications to program delivery, if at all? (150 words maximum)

Scoring criteria for full proposals is attached as **Appendix E**.

Appendix E: Full Proposal Scoring Criteria

As full proposals are scored, reviewers will keep the following core principles in mind:

IMPACT: Support evidence-based and evidence-informed strategies and programs that positively and meaningfully impact neighborhoods and populations in Boston that face the greatest health inequities.

COMMUNITY: Build community cohesion and capacity through actively engaging with community residents and other stakeholders, including underrepresented populations.

HEALTH AND RACIAL EQUITY: Use a health and racial equity lens to dismantle systems of oppression and work towards the systemic fair and just treatment of people of all races, ethnicities, and communities so that all people are able to achieve their full health and overall potential.

SUSTAINABILITY: Encourage sustained impact of programming through strategies that may include: leveraging funding to continue program activities, strengthening organizational and community capacity, forming innovative partnerships, and/or cross-sector collaboration.

MOVING UPSTREAM: Address the fundamental causes, or upstream factors, of poor health and racial inequities.

LOIs will be scored on a scale of 1 to 5, where 1 = Disagree, 2 = Somewhat Disagree, 3 = Neither Agree Nor Disagree, 4= Somewhat Agree, and 5 = Agree, using the scoring criteria below.

Scoring Criteria:

Section 1: Organizational Information [weighted at 10% of total]

1. Clearly articulates how their mission aligns with RFP core principles
2. Organization's leadership reflects the community served on many dimensions, including culture, ethnicity, race, language, etc.
3. Organization is financially stable
4. History of working in one or more RFP focus neighborhoods
5. Track record of community impact

Section 2: Proposed Project [weighted at 35% of total]

1. Addresses a clear community need or gap in services identified by residents of the community served
2. Clear, measurable, and attainable outcomes
3. Clearly articulated project road map
4. Demonstrated organizational capacity (e.g., adequate staffing) to carry out the project
5. Clearly defined population to be served, centering on the focus populations for this RFP
6. Project approach addresses root causes of the community need(s) (i.e., moves upstream)
7. (If applicable) Proposed partnership(s) can increase the impact of the program
8. (If applicable) There is a clear commitment to collaboration between lead organization and listed partner(s)

Section 3: Community Engagement and Equity [weighted at 25% of total]

1. Clear outreach plan for reaching population(s) disproportionately impacted by racial/ethnic and socioeconomic health inequities
2. High level of community member involvement/engagement in the proposed project
3. Project would meaningfully address health and racial inequities in the community

Section 4: Evaluation, Budget, and Sustainability [weighted at 30% of total]

1. Organization has capacity to conduct evaluation activities and/or previous experience with evaluation
2. The project will be able to collect data necessary to measure progress towards stated goals and desired outcomes
3. Budget is reasonable to complete the proposed activities
4. Clear plans to leverage funding received to support the sustainability of the project(s)
5. Project will lead to sustained improvements in community health outcomes
6. Clear articulation of anticipated challenges to sustainability and how they might be addressed

Appendix F: Roadmap Worksheet – Full Proposals

Name of program: _____

Please list the project goals, as stated in your application, and the activities your organization will conduct as part of the project to achieve these goals. Think about what these funds will allow your organization to do.

Priority Area: _____

Strategic Focus Area(s): _____

Goal 1 : _____

(Example: Reduce hospital emergency department visits for pediatric asthma in three years)

Activities: <i>What will you do?</i>	Person/Organization Responsible: <i>Who will be responsible for implementing activity?</i>	Outputs: <i>How will you know this activity was completed (e.g., How many people will you reach? How often?)</i>	Short-term Outcomes: <i>What will you accomplish as a result of this activity?</i>	Timeline: <i>When will you complete this activity (Month and Year)?</i>
EXAMPLE: <ul style="list-style-type: none"> Deliver monthly asthma education trainings to parents/caregivers of asthmatic children 	<ul style="list-style-type: none"> XYZ Organization 	<ul style="list-style-type: none"> Total number of parents/caregivers participating in monthly asthma education trainings 	<ul style="list-style-type: none"> Increased knowledge of parents/caregivers to help children manage asthma 	September 2021

Add additional priority areas, strategic focus areas, goals, and activities as needed.

Community Advisory Committee

330 Brookline Ave.

Boston, MA 02215

NIBCHI@bidmc.harvard.edu